

**CITY OF GUSTAVUS
REQUEST FOR PUBLIC RECORDS**

It is the policy of the City to provide access to public records and information so that the right of the people to remain informed is protected. Public records are open for inspection during regular business hours.

All requests for City records shall be made in writing to the Office of the City Clerk. Use the City of Gustavus Public Records Request form when making a request for public record. The requester is required to sign the certification of Non-litigation Affiliation before the request will be processed.

The City of Gustavus will respond to a public records request in a prompt manner consistent with both legal restrictions and the City's obligation to the public. A public record request will be filled within 10 business days. If the request will take more time, the City may take an extension of an additional 10 business days.

Some records of the City are exempt from public disclosure because they are declared privileged or confidential.

If the production of records for one requestor in a calendar month exceeds eight staff hours, the requester shall pay the personnel costs required during the month to complete the search and duplication of the record requested. See CoG Policy and Procedure for Public Records Management for further information.

There will be a copy charge for items requested in the amount of \$0.25/page. A double/sided copy is charged as two copies.

Requestor

City Clerk

Date

Date

PUBLIC RECORDS REQUEST

Name of Requestor: _____ Date of Request: _____

Organization or Company: _____

Mailing Address _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

Fax: _____

Please describe below, in detail, the information or documents you are requesting. Please be as specific as possible. I request to inspect or receive copies of the following documents or files:

☐ Hold for Pick-up ☐ Mail ☐ Fax ☐ E-mail

ACKNOWLEDGEMENT OF PAYMENT

I understand I will be charged a fee for each page that I am requesting to be copies, faxed, emailed, or mailed and that if it is determined that my request will require more than eight hours of staff time to prepare, I will pay, upon notification, the personnel costs required to complete each task and/or copying tasks. I further understand that the City must respond to the request within 10-business days after receiving my request, except that the City may take an extension of an additional 10-business days if needed. I further understand that this request is available for public review and will be kept on file in accordance with City records policy.

CERTIFICATE OF NON-LITIGATION AFFILIATION

I hereby certify that: I am not involved in litigation with the City of Gustavus or another public agency to which the requested record is relevant and I am not acting on behalf of or otherwise representing any person who is involved in litigation with the City of Gustavus or another public agency to which the requested record is relevant. I certify under penalty of perjury, that the foregoing statements are true.

Printed Name

Signature

Date

City Use Only

City Staff Use: Date Due: _____ Extension: No Yes Due: _____ Date Filled: _____

Research hours: _____ By: Pick-Up Mail Fax E-mail Initial _____